

CLAIMS ONLY						Application Number <div style="font-size: 1.2em; font-family: monospace;">10829362</div>		Filing Date 	
						Applicant(s)			
* May be used for additional claims or amendments									

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
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Total Indep	1											
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